

3-402.

Certificate No. 132.249

## Department of the Interior,

Name, James A. Cravin

BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

SIR:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,



Commissioner of Pensions.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Yes. Emily G. Cravin Emily G. Pratt

Second. When, where, and by whom were you married?

Answer. October 3, 1858. Deep River, Conn.

Third. What record of marriage exists?

Answer. In Town Records, Deep River, Conn.

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. No.

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. No living child. One son died.

(Born June 22, 1857.)

Date of reply, May 5, 1898

James A. Cravin

(Signature.)

JAMES A. ERWIN,  
WASECA MINN  
132249 ACT MAY.  
R R 5



No. 1. Date and place of birth? Answer. May 16, 1881 Westville, N. Y., Franklin Co.  
The name of organizations in which you served? Answer. Co. H. 10<sup>th</sup> Cond. Vol.

No. 2. What was your post office at enlistment? Answer. Deep River, Conn.

No. 3. State your wife's full name and her maiden name. Answer. Emily Goodrich Pratt (maiden name)

No. 4. When, where, and by whom were you married? Answer. Oct. 2, 1898 at Deep River, Conn.  
by Rev. Wicks, Congregational minister.

No. 5. Is there any official or church record of your marriage? I do not know.  
If so, where? Answer. If any, at Deep River, Conn.

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. No.

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. Answer.

No. 8. Are you now living with your wife, or has there been a separation? Answer. Deceased.

No. 9. State the names and dates of birth of all your children, living or dead. Answer.  
Vinton Allen Erwin born in Deep River, Conn.

Date March 23, 1915.

(Signature) James A. Erwin

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Connecticut }  
County of Fairfield, } ss.

On this 23rd day of February, A. D. one thousand nine hundred and seven, personally appeared before me, a Notary Public, within and for the county and State aforesaid, James A. Erwin, who, being duly sworn according to law, declares that he is 75 years of age, and a resident of Bridgeport, county of Fairfield, State of Connecticut; and that he is the identical person who was ENROLLED at Hartford, Connecticut, under the name of James A. Erwin, on the 25 day of September, 1861, as a Mechanic, in Tenth Regiment, C. V. Co. K., private  
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Knight Gen'l Hospital New Haven, Ct., on the 13th day of July, 1865. That he also served None  
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5ft 8 1/2 inches; complexion, light; color of eyes, blue; color of hair, brown; that his occupation was mechanic; that he was born May 16th, 1831, at Westville, New York.

That his several places of residence since leaving the service have been as follows: Vineland, N. J., Medford, Minn. for ten yrs, about 20 years ago, on a coaster about three years, Bridgeport, Conn, lived here about 20 years  
(State date of each change, as nearly as possible.)

That he is a pensioner. That he has heretofore applied for pension  
Pension certificate # 132249

(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907.

That his post-office address is 992 Hancock Ave. Bridgeport,, county of Fairfield, State of Connecticut.

Attest: (1) A. J. Hettinger Jr.  
(2) Mathias Hettinger  
James A. Erwin  
(Claimant's signature in full.)

Also personally appeared Albert J. Hettinger Jr., residing in Bridgeport, Conn., and Mathias Hettinger, residing in Bridgeport, Conn., persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw James A. Erwin, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 4 years and 4 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

VALID S W M LAW.

A. J. Hettinger Jr.  
Mathias Hettinger  
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 23rd day of February, A. D. 1907; and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_, erased,

[L. S.] and the words \_\_\_\_\_, added;

Post-office address: New Haven ConnJuly 19<sup>th</sup>, 1892

SIR:

In reply to your request I have to state that I served with the  
clouiment, in the same Co - He was wounded  
at Kinston N C in December 1862 and again  
at Deep Run Virginia in August 1864

I cannot at this time remember the exact  
dates, or the details, and will not make any  
statements, outside of my own absolute knowledge

I do wish to say this in regard to this  
case - Irwin was one of the best of soldiers,  
brave - conscientious - faithful.

I am, after an intimate acquaintance with the  
character and sterling patriotism of Irwin  
fully ready not only to believe, but subscribe  
to any statement - of facts made by him

He certainly ought to have a pension  
if faithful service and honorable wounds count -

Very respectfully,

Lewis, P. Brown  
late Co K 10<sup>th</sup> C O

COMMISSIONER OF PENSIONS,

Washington, D. C.

(3-489.)



Div.

Ex'r.

## Department of the Interior,

## BUREAU OF PENSIONS,

Washington, D. C.,

July 14<sup>th</sup>, 1892

Return this letter with your reply.

SIR:

To aid this Bureau in the adjudication of the claim of James A. Erwin, please furnish a statement in your own handwriting setting forth all the facts within your personal knowledge relative to the incurrence of any disability by the claimant while in the service

In your reply please be as specific as possible in respect to dates, and describe as clearly as you can the nature, symptoms, and extent of the disability.

Your immediate answer upon the reverse side of this letter will be appreciated.

Very respectfully,

Wm. Lochorn

Commissioner.

Lewis B. Brown  
New Haven,  
Conn.

NOTE.—If you are unable to write, it is suggested that you request some competent person to aid you in replying to this circular, your signature to be witnessed by the Postmaster or some other United States official, who should certify that the contents were fully made known to you before signing.

PLATE DESTROYED

30 to *Dep't* *11-1915* *DEC 18-1915*  
To the Chief, Finance D. REPRODUCED AT THE NATIONAL ARCHIVES

You are hereby notified that check # *9407464* for \$ *90*  
dated *DEC 4 1915* in favor of

post-office  
Certificate #

JAMES A. ERWIN,

WASECA MINN

Class *Act of May 11, 1910*

I32249 ✓

ACT MAY.

R R 5

Section *7* has been returned to this office by the Postmaster  
with the information that the pensioner died *20 Oct 1915*

and said check has this day been canceled.

Very respectfully,

GUY O. TAYLOR,

Disbursing Clerk.

(D-3)

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Name and rank of claimant.

Claimant's post office address.

Pension Claim No. 132,249-1

Rank, Plt.

Company K, 10th Ct. Regt

Bridgeport Ct., State,

(Post office address of the Pension Office)

(Date of examination.)

1888.

We hereby certify that in compliance with the requirements of the law\* we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz:

Cause of disability.

Ex. 10th Lt. am. rt. leg. and Varicose Veins of lt. groin & lt. Testicle

If a pensioner, fill in the amount; if not, erase the whole line.

and that he receives a pension of \$10 dollars per month.

Pulse rate per minute, 72; respiration, 16; temperature, 98 1/4; height, 5 feet 8 1/2 inches; weight, 140 pounds; age, 58 years.

He makes the following statement upon which he bases his claim for:

Here give the claimant's statement as briefly and as compactly as possible.

Because he is unable to perform any but light work on acc. of pain in left groin when he stands and also on acc. of general weakness.

Upon examination we find the following objective conditions:

Here give a full synopsis of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

2 in. above lt. wrist just across outer margin of ulna is a superficial cicatrix about 1 1/2 in. long of no importance. 1 on chart. 1 in. below head of rt. tibia is cicatrix of entrance (2 on chart) rather tender but adherent to bone. Exit 2 is 2 in. below popliteal space posteriorly, not tender nor adherent. Veins of lt. groin are not varicose to a noticeable degree but there is some moderate enlargement of veins of lt. side of scrotum, though the measurements are not much increased. Mobility of rt. knee is impaired. From the existing condition and the history of this claimant, it is in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a rating for the disability caused by Ex. 10th Lt. am. rt. leg. and Varicose Veins of lt. groin & lt. Testicle.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Rate for each cause of disability.



REPRODUCED AT THE NATIONAL ARCHIVES

INVALID PENSION—ORIGINAL.

Acts of July 14, 1862, and March 3, 1873.

Claimant, James A. Erwin  
P. O., 2 Locusts Slip, N. Y. City, Rank, Private  
County, New York, Company, K  
State, N.Y., Regiment, 10<sup>th</sup> Conn. Vols.  
Attorney, E. B. Jackson, Philadelphia, Pa.  
Fee, 20.00 - Contract filed Nov 774 Material evidence filed since July 8, 1870.  
Enlisted Oct 3<sup>d</sup>, 1861; Mustered into rank Oct 29<sup>d</sup>, 1861;  
Discharged July 13<sup>d</sup>, 1865; Date of completing proof Jan 26<sup>d</sup>, 1875;  
enlistment, from \_\_\_\_\_, 18\_\_\_\_, to \_\_\_\_\_, 18\_\_\_\_, in \_\_\_\_\_  
Not in the military or naval service since discharged, July 13<sup>d</sup>, 1865, (filed Nov 7<sup>d</sup>, 1874.)  
Rate of pension, \$ 6 per month, from July 14<sup>d</sup>, 1865,



Disabled by E. S. Wound right leg

Brief for admission submitted Feb. 4<sup>th</sup>, 1874, D. M. Murphy, Examiner.

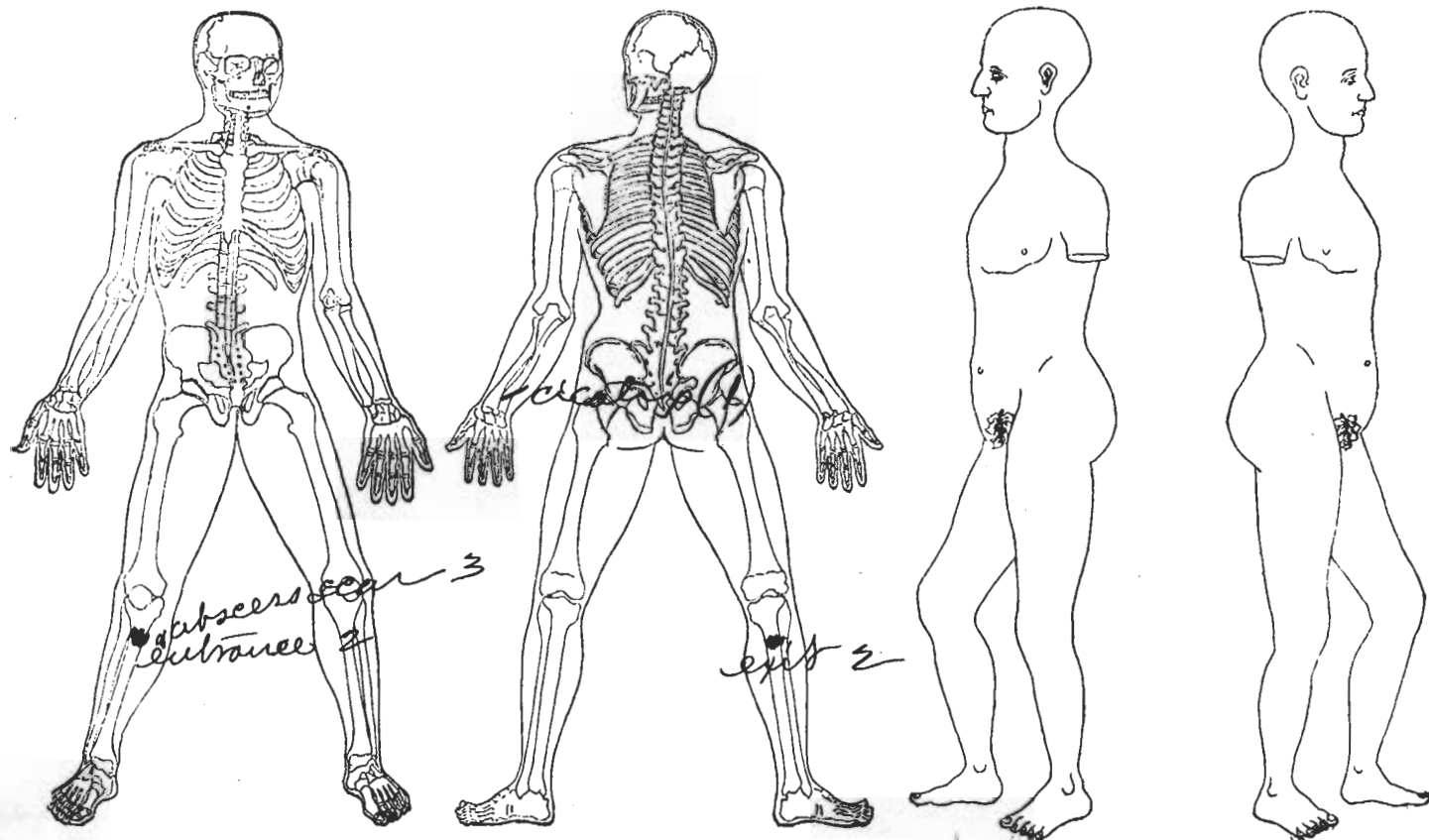
Approved \_\_\_\_\_, 187 \_\_\_\_\_, Reviewer.

Approved at \$ \_\_\_\_\_ from \_\_\_\_\_, 187 \_\_\_\_\_, Medical Referee.

Declaration filed June 25<sup>th</sup>, 1866, alleging disability from E. S. Wound leg  
below knee, recd at Battle of Deep Run, Aug 1864.

In affidavit filed Nov 7 '74 states that he  
performed no service prior to enlistment in 10<sup>th</sup> Conn.  
Vol., claims pension for g. s. wound left arm recd  
at Kingston N.C. Dec 14 '62 & for gunshot wound  
right leg recd at Bermuda Hundred Va in Aug 1864.

Ex'g Surgeon, Board N. Y. City } Finds E. S. Wound right leg  
Nov 4<sup>th</sup>, 1874, } 3/4 (\$6.00)  
Dis. \_\_\_\_\_



Single surgeons will use this blank, changing  
will erase the words, "Pres., NO. Sec'y, Treas.,"  
foot of the certificate, and also on the back of the

**SURGEON'S CERTIFICATE**

IN CASE OF

*Ja. A. Curran*  
Co. *K*, *10<sup>th</sup>* Reg't *1<sup>st</sup> Va.*

**Applicant for** *Add.*

*3* 1889  
TO No. *132249*

DATE OF EXAMINATION:

*Oct. 31<sup>st</sup>*, 1888.

*A. H. Bunker*, Pres.,  
*W. C. Powers*, Sec'y,  
*D. G. L. Pote*, Treas., } BOARD.

Post office, *Bridgport*

County, *Fairfield*

State, *Conn.*

P. S.—Write your Post-office address plainly and in full.

PROVIDED FURTHER, That all examinations  
tain a full description of the physical condition of  
physical and rational signs and a statement of all  
Congress approved July 25, 1882.]

T

If prolonged by  
vicious habits,  
the word *not*  
should be  
erased and the  
reason for the  
erasure given.

by \_\_\_\_\_, and  $\frac{3}{18}$  caused by *Varicose Veins*  
*of the testicle* for *Varicose Veins*

*of the foot* <sup>\*See the back.</sup>  
Here state whether for original, increase, restoration, or renewal, or for a re-rating.  
*J. H. Sundt*, Pres. *W. B. Rowe*, Sec'y. *D. G. L. Potter*, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

Chester November 14<sup>th</sup> 1864.

To whom it may concern:

I Ambrose Pratt, practicing

Physician of Chester and Saybrook Middlesex County, State of Conn. Certify that James, A. Erwin a wounded Soldier of "Co. K". 10<sup>th</sup> Conn. Vols., is unable to travel on from careful examination of his case. I testify, on honor that he will not be able to return to duty in twenty days. And I would recommend that his furlough be extended twenty days.  
(Signed). Ambrose. Pratt.

Nov 3<sup>d</sup> 1888  
M. J. C. J.